

## **Supplemental Material to:**

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The effectiveness of a short food frequency questionnaire  
in determining vitamin D intake in children

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article/24389](http://www.landesbioscience.com/journals/dermatoendocrinology/article/24389)**

Supplemental Data. Vitamin D & Sunlight Exposure Questionnaire\*

Subject ID: \_\_\_\_\_ Subject Initials: \_\_\_\_\_ Interview Date: \_\_\_\_\_

1. Date of Birth: \_\_\_\_\_

2. What is your child's age (years): \_\_\_\_\_

3. Height (cm): \_\_\_\_\_

4. Weight (kg): \_\_\_\_\_

5. Ethnic Group: Is your child Hispanic or Latino?

☐ Yes ☐ No ☐ Unknown/Declined to answer

6. Race: what do you consider your child's race to be?

☐ American Indian/ Alaskan Native ☐ Asian American  
☐ Native Hawaiian/ Pacific Islander American ☐ Black or African American  
☐ White or Caucasian ☐ More than one race

7. Does your child take a multivitamin?

☐ Yes ☐ No

If yes,

Specific brand (s): \_\_\_\_\_

How often does he/she take the Multivitamin? \_\_\_\_\_

8. Does your child take a calcium supplement?

☐ Yes ☐ No

If yes,

Specific brand (s): \_\_\_\_\_

How often does he/she take the Calcium supplement? \_\_\_\_\_

9. Does your child take a vitamin D supplement?

☐ Yes ☐ No

If yes,

Specific brand (s): \_\_\_\_\_

How often does he/she take the Vitamin D supplement? \_\_\_\_\_

10. Does your child take Cod Liver Oil?

☐ Yes ☐ No

If yes,

Specify how much per day: \_\_\_\_\_

Specific brand (s): \_\_\_\_\_

11. On average, how many glasses (8 ounce/glass) of milk does your child drink per day?

\_\_\_\_\_

12. Besides milk, does your child drink/eat other dairy foods that may have been fortified with vitamin D?

If yes,

How many glasses (8ounce/glass) of Soy milk or Lactaid<sup>®</sup> milk or Chocolate milk does your child drink per day? \_\_\_\_\_

How many servings of cheese (1 ounce or 1 slice/serving) does your child eat per day? \_\_\_\_\_

How many servings (1 cup/serving) of yogurt does your child eat per day? \_\_\_\_\_

13. Does your child drink vitamin D-fortified orange juice?

If yes,

How many glasses (8 ounce/glass) of vitamin D fortified orange juice does your child drink per day? \_\_\_\_\_

14. On average, how many times per month does your child eat the following foods?

		None (0)	1x/ month	2x/ month	3x/ Month	4x/ month	More than 4 times/month
14a	Baked white fish						
14b	Lox (cured salmon)						
14c	Herring						
14d	Salmon						
14e	Whitefish						
14f	Sardines						
14g	Mackerel						
14h	Dried mushrooms						

15. Does your child drink a nutrition supplement like Ensure<sup>®</sup>, PediaSure<sup>®</sup> or Carnation<sup>®</sup> Instant Breakfast? ☐ Yes ☐ No

If yes,

How many servings (8 ounces or 1 package/serving) per day: \_\_\_\_\_

Specify brand(s): \_\_\_\_\_

16. Does your child eat breakfast cereal? ☐ Yes ☐ No

If yes,

How many bowls (1 ½ cups) per week: \_\_\_\_\_

Specify brand(s): \_\_\_\_\_

17. Does your child eat breakfast bars or protein bars? ☐ Yes ☐ No

If yes,

How many servings (1 bar/serving) per week: \_\_\_\_\_  
Specify brand(s): \_\_\_\_\_

18. On average in the summer how many hours per day does your child spend outside in the sun each day?

☐ 2 hours or less                      ☐ More than 2 hours

If more than 2 hours, how many hours: \_\_\_\_\_

19. When your child spends time outside, which of the following body parts are usually exposed?

19a.	Face .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19b.	Hands .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19c.	Arms .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19d.	Legs .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

20. Do you apply sunscreen on your child when he or she goes outside? ☐ Yes

☐ No

If yes,

20a. What brand (s) do you use? \_\_\_\_\_

\_\_\_\_\_ 20b. What SPF (Sun Protection Factor) do you use? \_\_\_\_\_

\_\_\_\_\_ 20c. How often do you use sunscreen on your child?

☐ Often              ☐ Sometimes              ☐ Seldom

21. Did your child travel to a sunny location for a holiday? ☐ Yes    ☐ No

If yes,

21a. Where did your child visit: \_\_\_\_\_

21b. When last did your child travel: \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_

21c. How many days did your child spend in the sunny location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Adapted from Dr. Michael Holick's vitamin D questionnaire

Vitamin D content of foods used in nutrient analysis:

Multivitamin (each, if specific brand not listed)	400 IU
Cod liver oil (tsp)	453 IU
Milk (8 oz)	124 IU
Soy milk (8 oz)	114 IU
Lactaid <sup>®</sup> milk (8 oz)	100 IU
Chocolate milk (8 oz)	128 IU
Cheese (1 oz)	6 IU

Vitamin D fortified orange juice (8 oz)	100 IU
Baked white fish (3 oz)	39 IU
Lox (1 oz)	119 IU
Herring (3 oz)	182 IU
Salmon (3 oz)	400 IU average
Whitefish (3 oz)	130 IU
Sardines (3 oz)	164 IU
Mackerel (3 oz)	88 IU
Dried mushrooms (3 oz)	100 IU
Nutrition supplement (8 oz, if brand not listed)	119 IU
Breakfast cereal (1.5 cups, if brand not listed)	60 IU